CPS Intake Report	Received by: Date: Time Received: Assigned to:		Cas Cas	e Name: e Number:		
	Type of Report: Abuse Negl Response Time: Immediate 24 MRS Counties: Family Assessment	4 hours	s	72 hours		
Category	Information to be Obtained					
1. Who	Children's Information Name (include nicknames)	Sex	Race	Age/DOB	School/Child (Relationship to Alleged Perpetrator Care A. B.
		_				
	Parent/Caretaker's Information Name (include aliases/nicknames)		Sex	Race	Age/DOB	Employment/School
						
	Alleged Perpetrator's Information Name (include aliases/nicknames) A B		Sex	Race	Age/DOB	Employment/School
	Other household members Name (include aliases/nicknames)		Sex	Race	Age/DOB	Employment/School
			_	_		
	Address & phone number of all house former addresses if family is new to t			s, including th	e length of time at	current address, include
	Family's primary language:					
	Others who may have knowledge of t	he siti	uation (i	nclude name, a	address and phone	e number):
	Do you have any information about the	ne chil	ldren's o	ther relatives?	P (Include name, ad	ddress, telephone number)
	Has the family ever been involved wit reports made about the family?	th this	agency	or any other c	ommunity agency	? Do you know of other

2. What	What happened to the child(ren), in simple terms?	
	Did you see physical evidence of abuse or neglect? If yes, please describe.	
	Is there anything that makes you believe the child is in immediate danger?	
	Has there been any occurrence of domestic violence in the home? Are you concerned about a family member's drug/alcohol use?	
3. When	Approximately when did the incident occur?	
	When is the last time you saw the child?	
4. Where	Current location of child(ren), parent/caretaker, perpetrator?	
5. How	How do you know what happened with the family? How long has this been going on?	

6. Strengths	What are the strengths of this family? or, Can you tell me anything good about this family?	
	How do family members usually solve this problem? What have you seen them do in the past?	
	What is it about this family's culture that is important to know?	
7. Safety Factors	Are you aware of any safety problems with a social worker going to the home? If so, what?	
	Calling DSS is a big step, what do you think can be done with the family to make the child safer?	
	Is there anything you can do to help the family?	
	Has anything happened recently that prompted you to call today?	

8. Physical Abuse	The following questions are intended as a guide. These questions are not meant to replace the narrative already completed in this Report. If you have answered the questions that correspond to the specific allegations earlier in this report, then you should not repeat that information. When these categories are not relevant to the allegations reported, indicate this by noting N/A, non-applicable, by the first question in each category.
	Where was the child(ren) when the abuse occurred?
	Describe the injury, for example (Thursday, May 23, 2002, a.m. or p.m., red and blue mark, 1" by 4" shaped like a belt mark, fresh or fading)
	What part of the body was injured?
	Is there a need for medical treatment?
	What is the parent/caretaker's explanation?
	What is the child's explanation?
	What led to the child's disclosure or brought the child(ren) to your attention?
	Did anyone witness the abuse?
	Are any family members taking protective action?
	Have you had previous concerns about the family?
	Is the child currently afraid of the alleged perpetrator?
	Is the child afraid to go home?
9. Sexual Abuse	Where was the child(ren) when the abuse occurred?
Abuse	To whom did the child disclose the abuse?
	Did the child disclose directly to the reporter?
	What is the age of the alleged perpetrator and his/her relationship to the child?
	What is the alleged perpetrator's access to the victim and other children?
	What steps are being taken to prevent further contact between the perpetrator and the child?
	Has the child had a medical exam?

10. Emotional Abuse	How does the child function in school?
	What symptoms does this child have that would indicate psychological, emotional, social impairment?
	Are there any psychological or psychiatric evaluations of the child?
	Is the child failing to thrive or developmentally delayed?
	Is there a bond between the parent/caretaker and child?
	What has the parent/caretaker done that is harmful?
	How long has the situation been going on, and what changes have been observed?
	Are there any indications of cruel and unusual punishment?
11. Domestic Violence	Has anyone in the family been hurt or assaulted? If so, describe the assault or harm(what and when). If so, who has been hurt? Who is hurting the child and other family members? Please describe the injuries specifically.
	Can you describe how the violence is affecting the child?
	Have the police ever been called to the house to stop assaults against either the adults or child? Was anyone arrested? Were charges filed?
	Where is the child when the violent incidents occur?
	Has any family member stalked another family member? Has a family member taken another family member hostage?
	Do you know who is caring for and protecting the child right now?
	What is the battered parent/caretaker's ability to protect him/herself and the child(ren)?
	What steps were taken to prevent the perpetrator's access to the home? (shelter, police, restraining order)
	Is there a history of domestic violence?
	Can you provide information on how to contact the battered parent/caretaker alone?

12. Substance Abuse	What specific drugs are being used by the parent/caretaker?
	What is the frequency of use?
	Do the children have knowledge of the drug use?
	How does their substance use affect their ability to care for the child(ren)?
	Are there drugs, legal or illegal in the home? If so, where are they located?
	Do the children have access to the drugs?
	Has the parent ever experienced black outs?
	How well are the children supervised? Are they left alone for extended periods of time?
	Is there adequate food in the house?
13. Abandonment	How long has the parent/caretaker been gone?
	Did the parent/caretaker say when they would return?
	Did the parent/caretaker make arrangements with someone to care for the child?
	Are the alternative caretakers adequate? Do they wish to continue to provide care for the child? Have they been in recent contact with the parent/caretaker?
	Is your concern that children were abandoned or that the caretaker is not an adequate provider?
14. Drug Exposed Infant	What is the present physical condition of the child?
	If the baby is in the hospital, is he/she scheduled to be released soon?
	What is the attitude of the parent/caretaker toward the child?

15. Supervision	Is the child left alone? If yes, how long is the child unsupervised, what is the age and developmental status of the child, what is the child's ability to contact emergency personnel, is the child caring for siblings or other children, is the child afraid to be alone, what time of day is the child left alone? How is the parent/caretaker's ability to provide supervision compromised? Include information regarding the use of substances and mental health issues. What are your supervision concerns?
16. Injurious Environment	What is it about the child's living environment that makes it unsafe?
17. Improper Discipline	If the child is injured from the discipline, please describe the injuries in specific detail; also describe any instrument used to discipline.
	Does the parent/caretaker have a pattern of disciplining inappropriately?
	Is the child fearful of the parent/caretaker?
	Do you know what prompted the parent/caretaker to discipline the child?
18. Improper Care	Does the parent/caretaker provide adequate food, clothing, shelter? If you feel the parent/caretaker is failing at providing the child with proper care, describe in detail what the child is lacking.
	Is the parent/caretaker ensuring the child receives necessary medical care?
	Is the parent/caretaker ensuring that the child receives a basic education?
19. Reporter Information	Reporter's name, address, telephone number, relationship to family:
	Reporter waives right to notification? Yes No
	Is the reporter available to provide further information if needed? Yes No

20. Maltreatment Screening Tool	Indicate which of the following screening tools were consulted in the screening of this report: Abuse: Physical Injury
	Neglect: Improper Care Improper Supervision Abandonment Improper Medical/Remedial Care Injurious Environment Illegal Placement/Adoption
	Dependency
	Substance Abuse Domestic Violence
21. Response Priority Decision Tree	After consulting the appropriate Maltreatment Screening Tool(s), if the decision is to accept the report, you the consult the Response Priority Decision Tree. Indicate which of the following Response Priority Decision Trees you consulted and the response required (immediate, 24 hours, 72 hours).
	Physical Abuse Sexual Abuse <u>Moral Turpitude</u>
	Neglect Dependency <u>Emotional Abuse</u>
22. Report Not Accepted	If the report is not accepted, explain the reason(s):
	If referrals were made for outreach services or other agencies:
	This report involves a child who is not a resident of this county. Information transferred to (staff)
23. Mandated Reports	This report involves a child care setting. Allegations were reported to the Division of Child Development (staff) on (date) / / and faxed on (date) / / .
	This report involves a residential facility. Allegations were reported to the Division of Facilities (staff) on (date) / / and faxed on (date) / / .
	Allegations of criminal maltreatment reported to DA and law enforcement on the following date(s): Oral Report: Written Report:
24. Signatures	A two-level review was given by: (Include name, position and date)